

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/228,760

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED

AFTER  
1st AMENDMENT

AFTER  
2nd AMENDMENT

IND. DEP.

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TOTAL IND.	3	3		
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TOTAL CLAIMS	19	22		

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TOTAL IND.				
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